PTO/SB/81 (04-05)
Approved for use through 11/30/2005. OMB 0651-0036
§ Trademark Office; U.S. DEPARTMENT OF COMMERCE APR 2 \$12006

Under the Paperwork Re	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.					
POWER OF ATTORNEY		Application Number		09/500,698	\dashv	
		Filing Date First Named Inventor		Buggwiski	-	
a	ınd	Title	M III VEITO	EROADCAST DISTRIBUTION USING LOW-LEVEL OBJECTS AND LOCATOR TABLES	ᅦ	
CORRESPONDENCE ADDRESS		Art Unit		2141	ゴ	
INDICATION FORM		Examiner Name		Shingles, Kristio D,		
*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Attorney D	ocket Number	T/W/APP19US		
I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:						
☑ Practitioners ass OR	ociated with the Customer I	1umber: 59,906		06		
Practitioner(s) na	med below:					
	Name		Regist	ration Number	ļ	
						
<u> </u>		•				
<u> </u>			+			
			4			
			<u></u>			
as my/our attorney(s) or agent(s) to prosecute the application Identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please recognize or change the correspondence address for the above-identified application to:						
The address associated with the above-mentioned Customer Number						
OR The address associated with Customer Number:						
_	poording into every					
OR	1					
☐ Firm or Individual Name					_	
Address		•				
City			State	ZIP		
Country						
Telephone			Email			
I am the:		_				
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.						
assignment recorded at reel/frame 016415/0967; 016931/0195						
SIGNATURE of Applicant or Assignee of Record						
Signature	1.1.XUMPROTE			Date APR 1 8 2006		
Name	Lee Zieroth Telephon			ne 720-267-3237		
Title and Company	Vice President, Deputy General Counsel, TVWORKS, LLC					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below."						
	ms are submitted.				FA.	

LOCAL OF 1 TOTALS ARE SUPPRIMICED.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO up process) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, property, and automating the completed application form to no USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete inlist form and/or suggestions for reducing this burdon, should be sent the Child information Officer, U.S. Patient and Trademark Office, U.S. Department of the complete inlist form and/or suggestions for reducing this burdon, should be sent the Child information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

tryou need assistance in completing the form, call 1-800-PTO-9199 and select option 2.